

SEWAGE DISPOSAL TESTING

P_____

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 1/12/71

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Walter A. Shank

ADDRESS Walt-Ann Drive, Ellicott City, Md. PHONE 531-5631

PROPERTY LOCATION:

DIVISION _____ **LOT NO.** _____

ROAD AND DESCRIPTION End of Sky Way in back of brick building

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

Barn will be remodelled

SIZE OF LOT 22 acres ± TYPE BLDG. 3

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT

APPROVED BY [Signature] FOR [Signature] DATE 11/20/11

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING. _____

THIS IS NOT A PERMIT

